

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10601160</i>	FILING DATE <i>06-20-03</i>
						CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3							
4		2					
5							
6		1					
7		2					
8		2					
9	1						
10		1					
11		2					
12		1					
13		1					
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50							
TOTAL IND.	2						
TOTAL DEP.	19	←	←	←			
TOTAL CLAIMS	21						

IND	DEP	IND	DEP	IND	DEP
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